#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

**Facility Name: JADE HOUSE (310430)** 

Address: 1541 W WALWORTH AVE, WHITEWATER, WI 53190

**License Status: REGULAR** 

Licensed/Certified/Registered 10/01/1989

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### **Survey History**

Survey ID: 0092422 End Date: 03/08/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008689 Served 04/29/2004

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Veri fied</u>	Corrected
83.15(1)(a)	STAFFING PATTERNS		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(a)	SUPERVISION		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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### **Enforcement History**

Date: 04/28/2004 SOD #10008689 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.15(1)(a) FORFEITURE---83.19(1)(d) FORFEITURE---83.21(4)(n)4 FORFEITURE---83.33(2)(a)

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**Complaint History** 

Date Complaint Received: 12/11/2003 Date Investigation Completed: 03/01/2004

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10008689